

SAFE SUPPLY

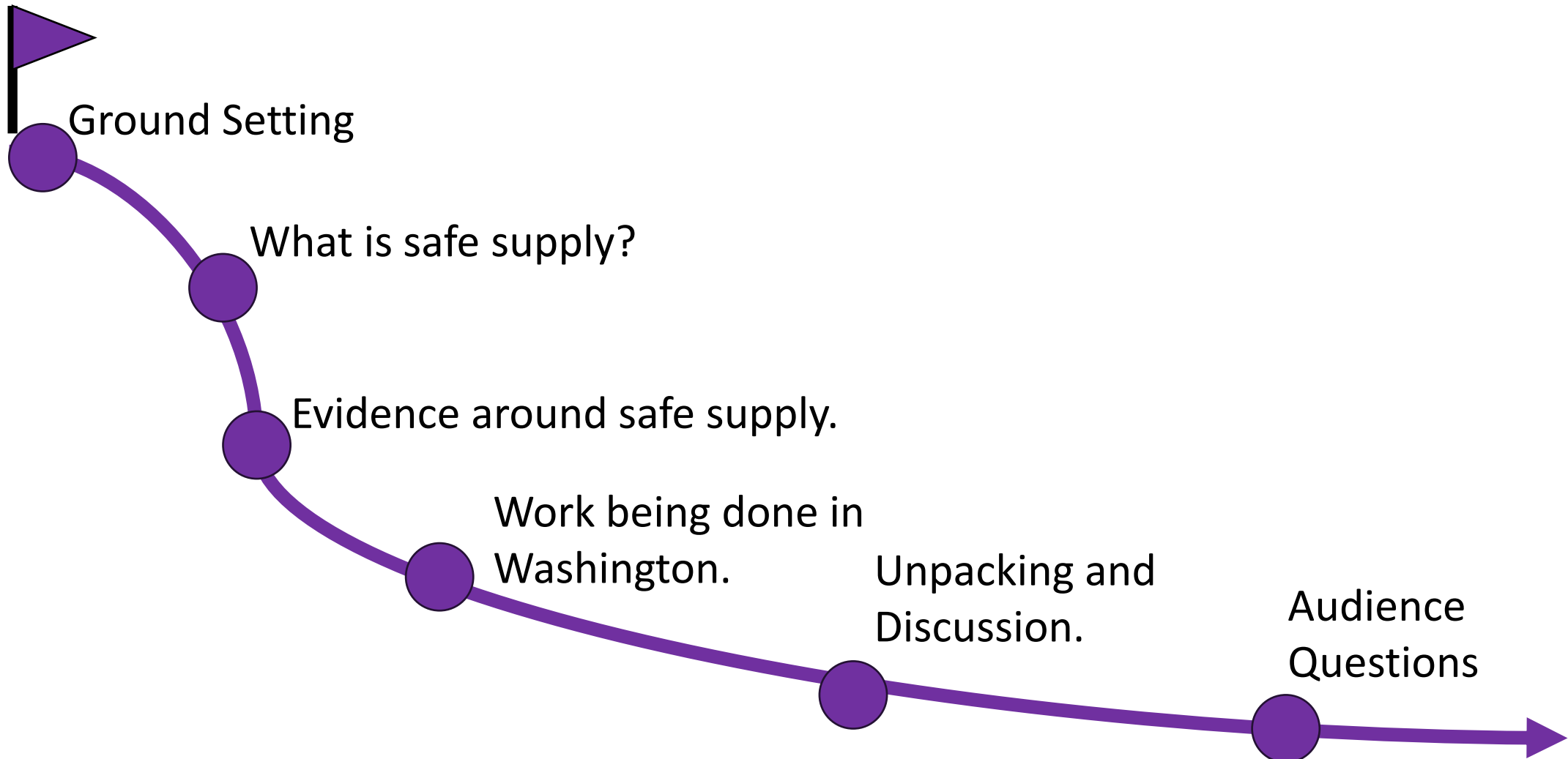
**WHAT IS IT? DO PEOPLE
WANT IT? WHAT IMPACTS
COULD IT HAVE?**

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Caleb Banta-Green, PhD, MPH, MSW

May 30, 2024
10:00-11:00am PT

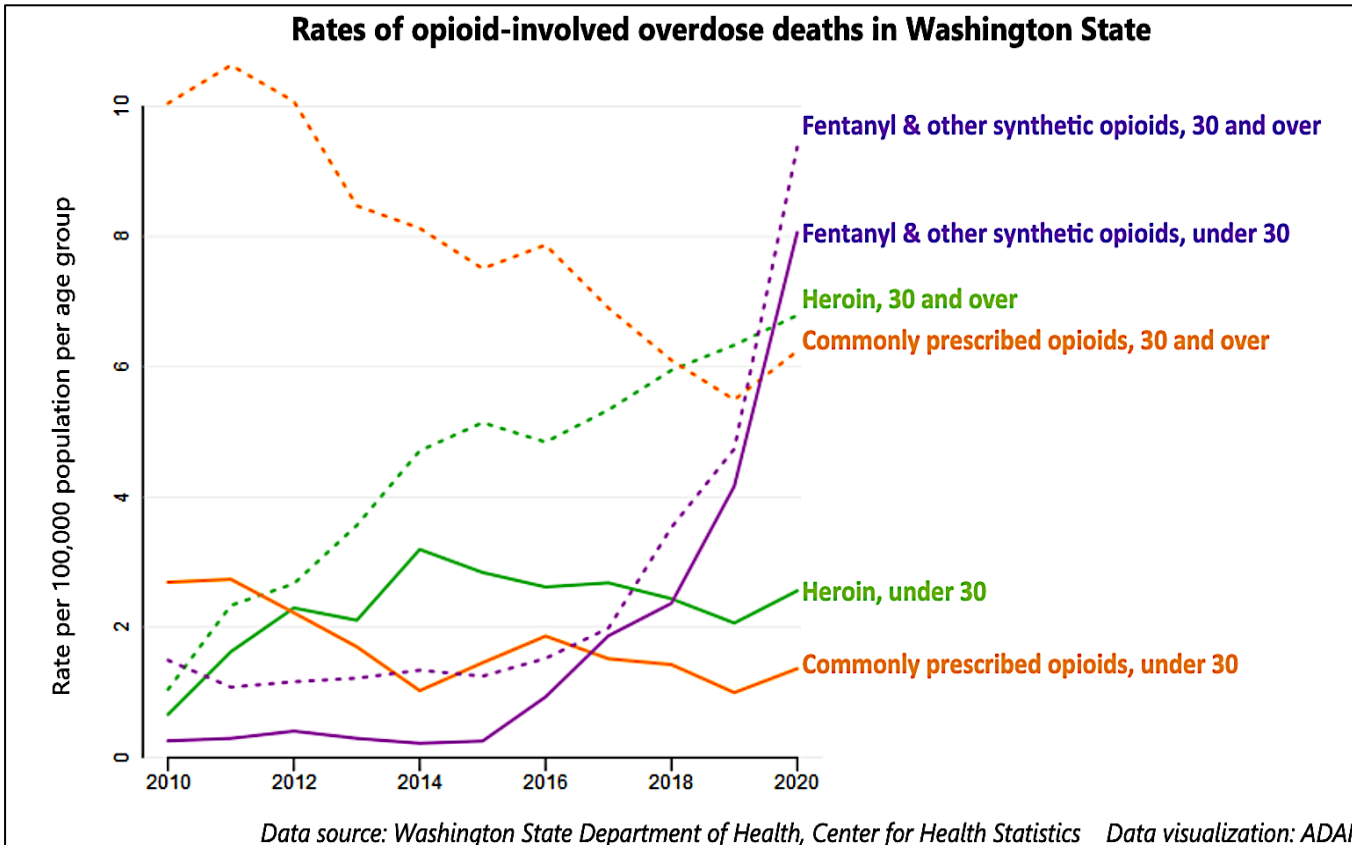


- Only panelists and hosts can share audio and video.
- Please put your questions and comments in Chat and Q&A.
- Be curious and polite.



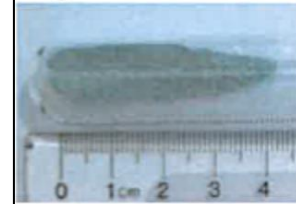
Context: The Overdose Crisis Past and Present

- Overdose deaths are soaring and change is urgently needed. Fentanyl has become much more common in overdoses and the drug supply has become much more volatile.



TOTAL WEIGHT OF EXHIBIT: 303.1mg powder

Image:



Analytical Results:

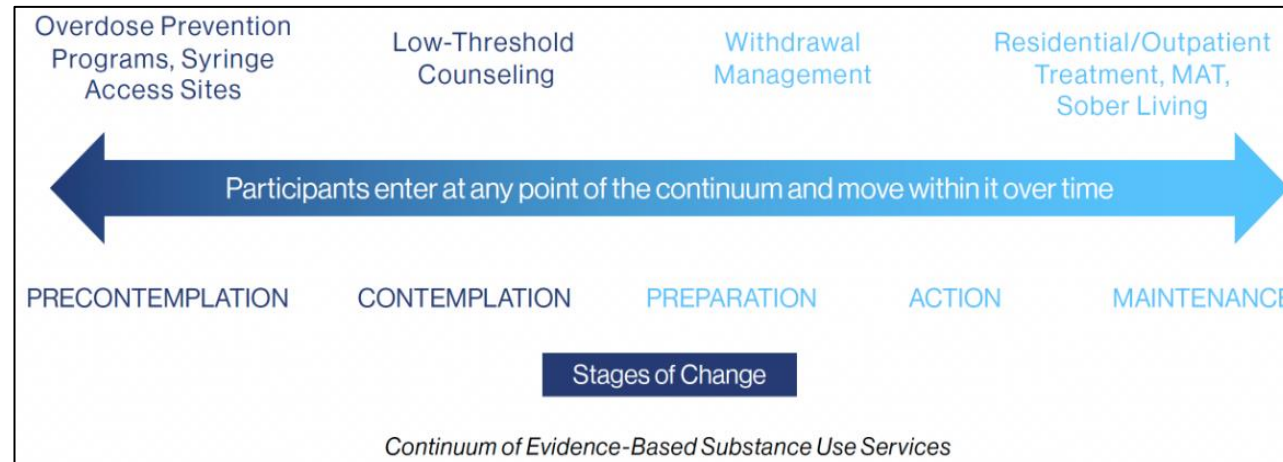
| Confirmed Drug | Percentage within Drug Product | Actual Amount within Drug Product | Total Weight of Exhibit |
|----------------------------------|--------------------------------|-----------------------------------|-------------------------|
| Acetaminophen | 7.5% (75mg/g) | 23mg | 303.1mg |
| Fentanyl | 4.3% (43mg/g) | 13mg | |
| Methamphetamine | 1.9% (19mg/g) | 5.8mg | |
| 4F-ABUTINACA* | 0.37% (3.7mg/g) | 1.1mg | |
| Etizolam | 0.17% (1.7mg/g) | 0.52mg | |
| 4-ANPP | 0.069% (0.69mg/g) | 0.21mg | |
| para-Fluorofentanyl | 0.066% (0.66mg/g) | 0.20mg | |
| Flubromazolam | 0.024% (0.24mg/g) | 0.073mg | |
| Lidocaine | 0.016% (0.16mg/g) | 0.048mg | |
| Tramadol | 0.0076% (0.076mg/g) | 0.023mg | |
| Acetyl Fentanyl | 0.0061% (0.061mg/g) | 0.018mg | |
| Cocaine | 0.0038% (0.038mg/g) | 0.012mg | |
| Despropionyl-para-Fluorofentanyl | 0.0007% (0.007mg/g) | 0.002mg | |

Safe Supply: What is it and How is it Relevant?

- Safe supply is defined as a “legal and regulated supply of mind or body altering substances that traditionally only have been accessible through illicit markets.” -[Canadian Association of People Who Use Drugs, 2019](#).
- Safe supply directly reduces the exposure to drugs on the street market for people who use drugs. This immediately reduces the risk of overdose and has longer term benefits we will discuss.
- The logic is similar to the regulation of alcohol post prohibition.
- Terminology: Safe supply vs Safer Supply vs a regulated supply.
- How is safe supply different from decriminalization?



Safe Supply and Treatment



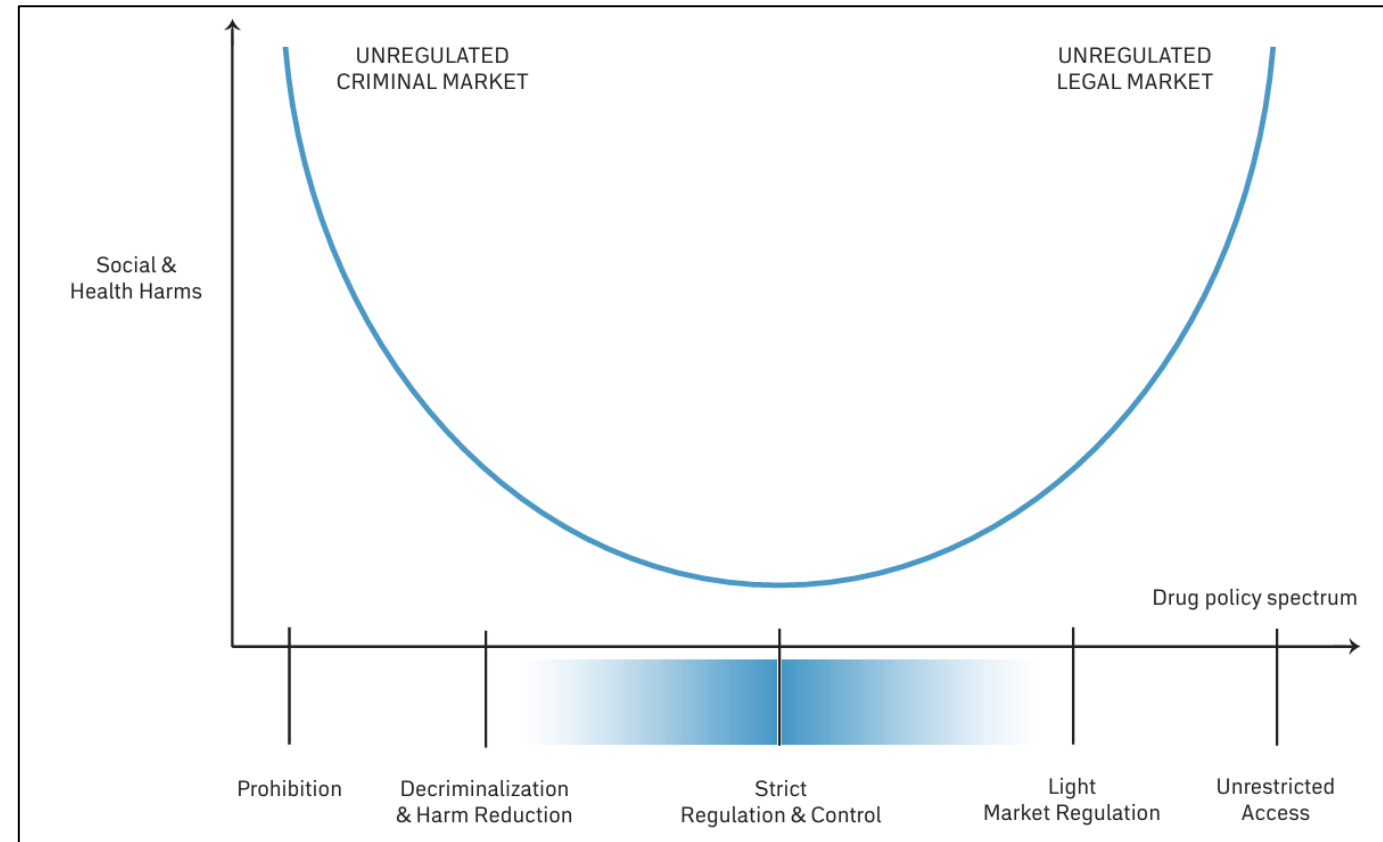
- Safe supply is not treatment. It is meant to complement treatment, not compete with it.
- Regulated opioids provide a higher chance of survival while people are using before, during, or after any kind of treatment.
- Acknowledges reality that outside of treatment, the alternative to not having safe supply is using the unregulated supply. The unregulated supply is more harmful than safe supply from both accessing and consuming it.

The Case For a Regulated Supply

Safe/safer supply has been shown to:

- greatly reduce the chance of overdose for those who receive it. ([Ledlie et al. 2024](#), [DULF 2023](#))
- reduce riskier use and promote safer use over time. ([Young et al. 2022](#), [DULF 2023](#))
- reduce crime (in certain models).

It also returns autonomy, time to peoples' day, and increases engagement with community and pro social activity promoting positive community engagement. ([Government of Canada](#), [DULF](#))



Features That Can be Used in Any Framework

- Licenses for purchasing proposed for some of these models, coupled with education.
- Signing of a waiver and package labels.
- Education and use, packaging with harm reduction supplies.

Emerson B, Haden M. **A public health-based vision for the management and regulation of opioids.** Int J Drug Policy. 2021 May;91:103201. doi: 10.1016/j.drugpo.2021.103201. Epub 2021 Mar 27. PMID: 33785246.

Several Frameworks Exist

Home grown: a window sill, if someone is allowed and a competent gardener.

Venue-based access: where drugs can be purchased and are strongly encouraged to be consumed onsite.

Communal grow: community gardens, but not your mother's garden!

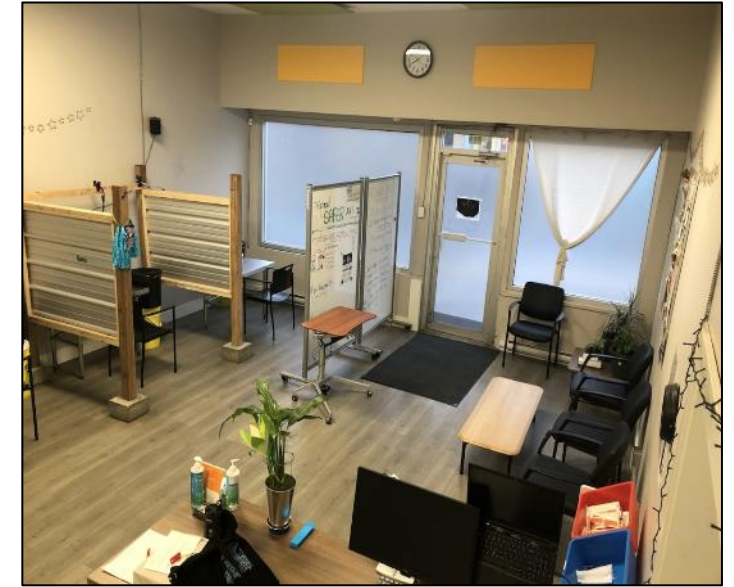
There is active work to envision alternative models of regulation that go beyond these, including Indigenous-based models.



Prescribed Supervised Model

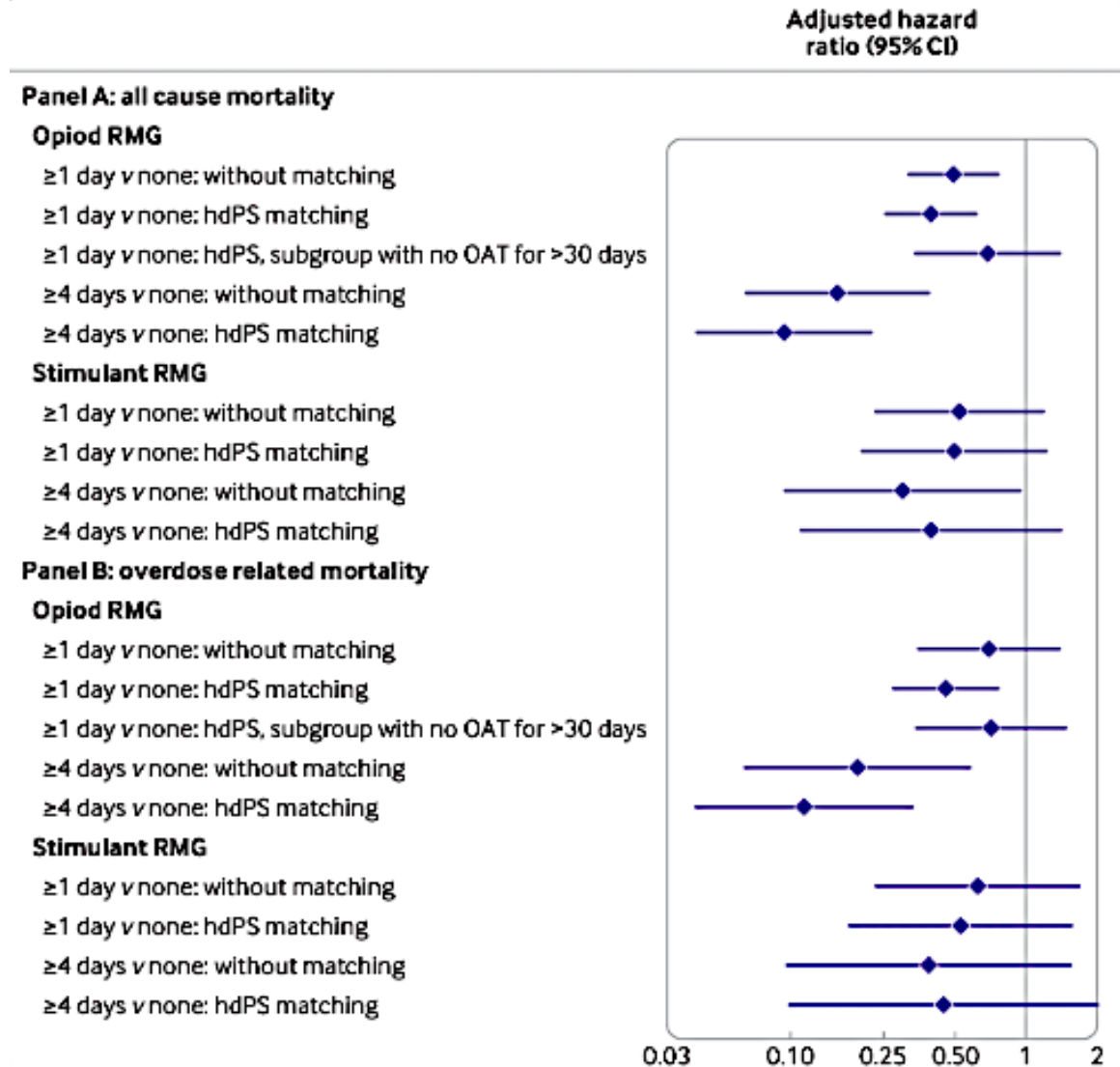
Has been successful for decades and has saved lives.

- Only for people with a prescription.
- Use must be supervised on site. Is often injectable opioid agonist treatment (iOAT).
- Possession without a prescription and underground sales are illegal and situated in a treatment model.
- Strong evidence from Canada and Europe for last decade plus. RCT evidence in NEJM and JAMA (Oviedo-Joekes et al. [2009](#), [2016](#)).
- Limitations with access and other problems with substances still being criminalized.
- Take home dosing allowed during the pandemic in Canada and Switzerland with minimal negative side effects.



Being tried now in Canada. Promising results.

- Only for people with a prescription.
- People can take doses home.
- Started around 2016 in Canada as prescribed safer opioid supply and was expanded during the pandemic.
- Has been successfully implemented with good results in Ontario ([Gomes et al. 2022](#), [Young et al 2022](#)), Halifax ([Brothers et al 2022](#)), and British Columbia ([Slaunwhite et al. 2024](#)).



Community-Based Model

- Network of people in the community.
- Pool money and buy from a source.
- Buyers come together for collective purchasing. (e.g., Dallas Buyers Club; History of HIV Meds).
- Can be grassroots with no physical location, which is less institutional.
- Has been successfully implemented at small scale in Vancouver despite being illegal ([DULF](#)).
- DULF evaluation ([DULF 2023](#)).

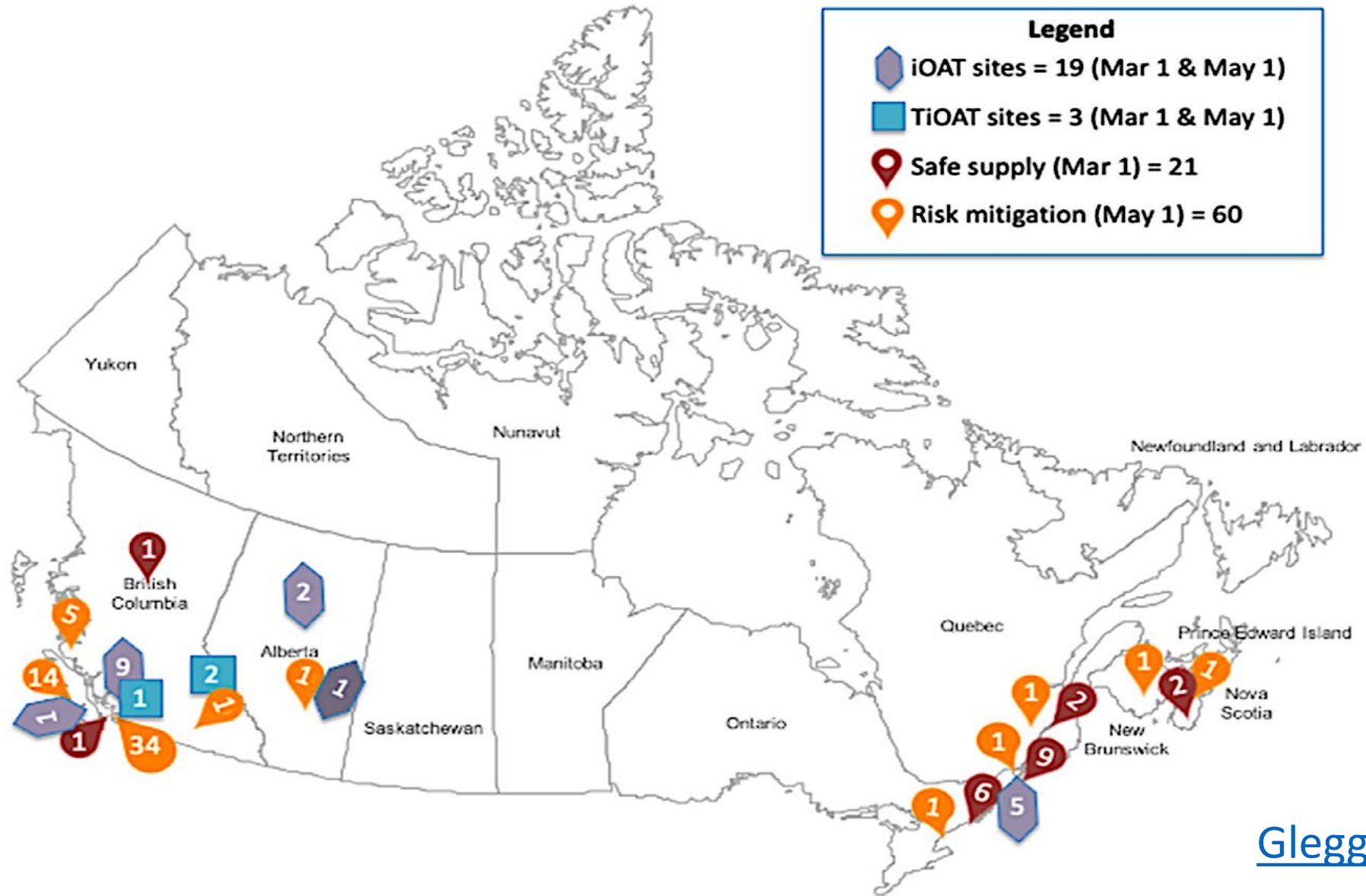


Dispensary-Based Model

- Drugs can be made available without prescription in dispensaries and shops like cannabis in Washington State.
- Can be for profit or not-for profit.
- Storefront can be government-run like how liquor used to be in Washington State.
- One individual tried to start one in Vancouver and was immediately arrested.

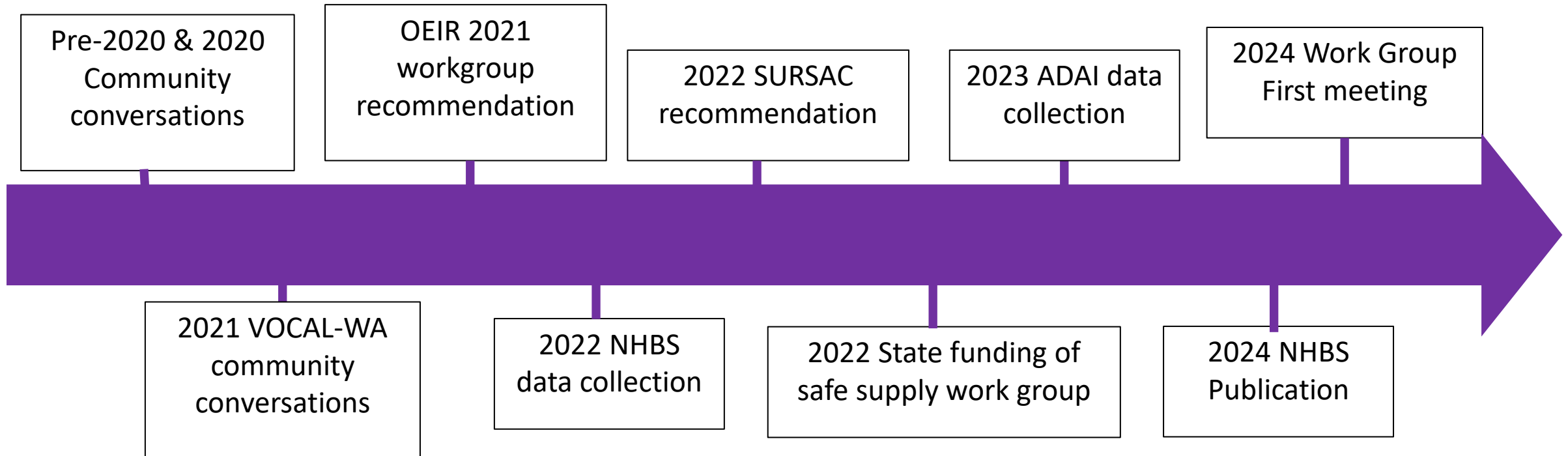


The State of Safe Supply in Canada



[Glegg et al. 2022](#)

Recent History of Safe Supply in WA State



Recent Data & Current Policy Activities

- Presenting data from Palayew et al. 2024. The publication from the NHBS data.
- Presenting data from Palayew et al. *in preparation*. The ADAI data collected in 2023 using similar methodology to NHBS data collection.
- Safe Supply Working Group Update.

Short Report

Acceptability and anticipated effectiveness of a safe supply of opioids, among people who inject opioids in King County, WA

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Courtney Moreno^f, Steven M. Goodreau^g, Stephen J Mooney^a, Sara N Glick^{a f h}

- King County, part of National HIV Behavioral Risk Survey (NHBS).
- Collected data from June 2022-December 2022.
- Recruitment based in Pioneer Square.
- Surveyed 500 people who injected drugs.



Questions on Survey. Palayew et al. 2024

1. Are you interested in safe supply? (yes/no)
2. What model of safe supply would you want?
 - Prescribed supervised
 - Prescribed unsupervised
 - Community-based
 - Dispensary-based
3. If you accessed safe supply, how would it change your risk of overdose compared to your current supply?
 - a lot more risky
 - a little more risk
 - the same amount of risk
 - a little less risk
 - a lot less risky)

- Analysis included 451 people who inject opioids.
- Question 1: 81% (n=369) wanted a safe supply.
- Question 2: Diverse range of most preferred model
 - Prescribed supervised
 - Prescribed unsupervised
 - Community-based
 - Dispensary based
- Question 3: 89% said less risky, 10% said no difference, and 1% said more risky.

Information gained:


- People were really interested in safe supply.
- Those who were interested were interested in various models.
- Most people thought that accessing safe supply through their preferred model would reduce their risk of overdose.

Remaining gaps:

- What about people who don't inject?
- Granularity for the different models.
- Expected impact on other outcomes besides overdose.

Background and methods: ADAI, Palayew et al.

- *In preparation.*
- Follow-up survey to 2022 NHBS data collection.
- Asked people who smoked opioids.
- Additional survey examining safe supply in more depth.
- Detailed information on all models.
- Asked about other outcomes.
- Compared to expanded treatment.



The Safe Supply
Study



The
Smoking Safe Supply
Study

Setting and Data Collection, ADAI 2023

- Seattle, Washington.
- Collected data from May 2023-September 2023.
- Recruitment based in North Seattle at ADAI.
- Surveyed 351 people who injected drugs and 106 people who smoked opioids.



ADAI 2023: Safe Supply Models

Prescribed supervised: where your drug of choice is prescribed to you by a medical provider and must be consumed onsite.

Prescribed unsupervised: where your drug of choice is prescribed to you by a medical provider, and you can take the drugs home with you.

Community-based: drugs can be accessed in a community-based setting and no prescription is required (e.g., a compassion club model).

Dispensary-based: where drugs can be accessed at a storefront dispensary and no prescription is required.

Expanded Methadone Treatment: receiving methadone in a clinical setting where methadone could be started on the same day and you would get an adequate dose.

Expanded Buprenorphine Treatment: receiving buprenorphine in a clinical setting where buprenorphine could be started on the same day and you would get an adequate dose.

1. Interest
2. Overdose risk
3. Engagement in criminal activity
4. Frequency of drug use
5. Likelihood of starting medication-based treatment
6. Likelihood of staying on medication-based treatment

Respondents:

- Preferred safe supply models over expanded medication treatment options.
- Expected safe supply to reduce risk of overdose across all models.
- Anticipated they would engage in less crime with safe supply.
- Expected safe supply would change frequency of drug use differently than treatment models.
- Believed safe supply would make it more likely on average to start and stay on medication-based treatment.

Results

Results data slides have been removed as they will be included in a future research paper.

Remaining Gaps, Palayew et al. *in preparation*

- Acceptability of more detailed models.
- Which care delivery models are acceptable and feasible?
- Which types of opioids and at what dosage would be acceptable?
- Modelling the potential impact of implementing safe supply.
- Implementing pilot versions of certain models to examine their effectiveness in practice.
- Similar surveys with stakeholders like policymakers and the public.

- Findings from Seattle and King County on anticipated behaviors line up with findings from evidence in Canada.
- There is a need to model the potential impact.
- Legal context of safe supply in the US.
- Safe supply work group is a platform for solutions to be discussed.

- WA State has a Safe Supply Working Group to examine this topic. It is currently meeting to generate recommendations.
- Unpacking a lot of the questions that we talked about today.
- Meeting during the Summer and Fall with a report due to the governor in December 2024.
- People have come to present to the group and the group has had on going discussions.

- Safe supply reduces drug use risks at individual level.
- There is potentially less crime with safe supply.
- People in King County and Seattle are interested!
- There are different models of safe supply, each with pros and cons to consider.
- There are several wrong ways to do this. Implementation needs to be careful.

Please enter your questions into the Chat or the Q+A.

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